

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046262

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 16 1963

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Crestwood

Length of stay in 1b

5 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

705 Rayburn

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. CITY  
OR TOWN

Crestwood

d. STREET  
ADDRESS

705 Rayburn Dr.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

CARL

L.

BECKER

## 4. DATE OF DEATH

Month

Day

Year

Dec.

6, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3-11-1895

## 9. AGE (last birthday)

68

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manager (Retired) Food

Ser. Management Co.

Franklyn County, Ohio

U.S.A.

## 13a. FATHER'S NAME

John R. Becker

## 13b. MOTHER'S MAIDEN NAME

Clara Anthony

## 14. NAME OF HUSBAND OR WIFE

Louise E. Becker

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Louise E. Becker 705 Rayburn Dr.

## 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

None

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Dec 18, 1959, to Dec 6, 1963 and last saw him alive on Nov 7, 1963. Death occurred at 5:14 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

J. Oppenheimer, M.D.

## 22b. ADDRESS

35 N. Central Ave. St. Louis Co. Mo.

## 22c. DATE SIGNED

Dec 7, 1963

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

12-9-63

## 23c. NAME OF CEMETERY OR CREMATORY

Valhalla Maus.

## 23d. LOCATION (City, town, or county)

St. Louis Co.

Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Kriegshauser, 4228 S. Kingshighway

## 25. DATE RECD. BY LOCAL REG.

12-7-63

## 26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

ITEM NO.

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Dr. Henry Oppenheimer  
35N Central PA 5-9656 10:30 AM - 2:22 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Edwin A. McHenry*

Licensed Embalmer No.

3024

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.